

Industrial Insurance Chiropractic Advisory Committee (IICAC)

Attending Provider's Referral Practices Quick Reference Card

Referral Best Practices

1

Determine & Document Specific Referral Purpose(s)

- Second Opinion (consultation, surgical opinion, diagnostic uncertainty, stalled progress, appropriateness of care, maximal improvement, etc).
- Concurrent Care (requires preauthorization).
- Transfer of Care.
- Closing Examination / Impairment Rating.

2

Determine & Document Role of Each Provider

- Make sure referral provider know what you are expecting.
- Set follow-up expectation (e.g., timeline for methods for communication, recommendations, reports).
- Contact referral provider if information not received (set up a tracking/tickler system to remind you to follow-up..

3

Provide Adequate Clinical Summary for Referral Provider

- Nature of Injury /Exposure, Accepted Condition
- Copies of: Relevant Reports/Function Scales, Diagnostic Studies, Activity Prescriptions

4

Clarify Worker's Role & Responsibility

- Keeping appointments
- Compliance with agreed upon treatment (including risk of loss of benefits in referral is not completed)

TIP

SUGGESTED L&I FORMS THAT COVER ALL THESE BASES

- Attending 's (AP) Referral Form (Form # [F252-098-000](#))
- Physical Therapy/Occupational Therapy (PT/OT) Referral Form (Form # [F252-099-000](#))
- Activity Prescription Form (APF) (Form # [F242-385-000](#))

Concurrent Care Best Practices & Requirements

1

Concurrent Care Requires Pre-Authorization By Claim Manager (WAC 296-20-071)

- Reimbursement for **care** by more than one provider qualified to be an AP is not allowed without claim manager authorization.
Reminder: Consultation for second opinion only (without concurrent treatment) does not require claim manager approval.
- Name, address and role of Attending and Concurrent Care Provider must be documented in chart note (or on AP's Referral Form).

2

One Attending Provider is Allowed on a Claim and is Responsible for:

- Overseeing management and directing overall care, including prescribing or monitoring of medications when appropriate.
- Reporting and communicating with L&I and the employer.

3

Concurrent Care Provider is Responsible For:

- Providing claim manager and AP with report of medications prescribed.
- Reporting any other relevant clinical information (e.g., progress, change in patient condition).

TIP

STREAMLINE APPROVAL OF CONCURRENT CARE

- AP's Referral Form includes all information needed by providers, worker and claim manager and serves as a request for concurrent care authorization.
- Be sure to obtain that authorization before beginning concurrent care.

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Documentation / Functional Improvement Tracking Best Practices

1

Care Provided in Workers' Compensation Must be Curative and/or Rehabilitative (WAC 296-20-01002)

- Care must cure the effects of a work-related injury or illness, or be rehabilitative.
- Curative treatment produces permanent changes, which eliminate or lessen the clinical effects of an accepted condition.
- Rehabilitative treatment allows an injured or ill worker to regain functional activity in the presence of an interfering accepted condition.
- Curative and rehabilitative care produces long-term changes.

2

Track & Demonstrate Functional Improvement to Show Care is Curative or Rehabilitative

- Document and track improvements in function compared to functional level at time care was initiated.
- Improvement in patient's function, particularly reflected by return to work, should be clearly documented in chart notes and reports.
- Clinical findings (e.g., range of motion, spasm, orthopedic tests) frequently do not correlate with functional improvement.

3

Pain Interference is More Important Than Pain Level

- A 1-10 Visual Analog Scale can be easily adapted to assess Pain Interference. For example: "On a scale of 0-10, how much does your pain interfere with your ability to do (work activity, activities of daily living, etc.) where 0 means pain does not stop you at all and 10 means pain stops you completely."

4

Clinically Meaningful Change is More Important Than Statistically Measurable Change

- Although many tests and scales have been validated to be statistically meaningful in detecting change, the magnitude of change made may not be clinically meaningful unless it reflects improvement of between 30-50% from baseline.
- In addition to using a measurable scale, documenting actual functional activity is important (eg, hours of work, distances walked, tasks accomplished)

TIP

IICAC Occupational Health Practice Resources (<http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/IICAC/Resources.asp>)

- Read these evidence-based summaries of occupational health best practices, specifically for conservative care practitioners.
- Condition-specific information summarizes effectiveness research for common diagnostic and treatment interventions (with free CE credits).
- Functional Improvement Resource provides summaries of common outcomes instrument including use, and scoring instructions and provides recommendations from IICAC for use with occupational conditions.

Occupational Health Best Practices

With Every Patient:

- **Require Active Participation in Recovery** – Review your patient's role in their own recovery.
- **Discuss Normal Recovery** – Set appropriate recovery expectations with your patient.
- **Incrementally Increase Activity** – Make sure your patient does a little more activity each day
- **Work Accommodation or Job Concerns** -- Call/follow-up with the employer to determine availability of accommodation

For Patients Not Back to Work within 2-4 Weeks after injury

- **Address Barriers to Recovery** – Are there clinical, psychosocial, or workplace issues delaying return to work?
- **Assess Recovery Expectations, Fear Avoidance** – Address concerns with work activities aggravating condition, low recovery expectations
- **Consider Referral** – e.g., Occupational Health, Active Physical/Occupational Therapy, Activity Coaching

Publications/Web Resources

- **IICAC Conservative Care Resources & Department Publications** can be found on the IICAC webpage:
<http://www.lni.wa.gov/ClaimsIns/Providers/ProjResearchComm/IICAC/Resources.asp>